

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

0 14607

1 DISTRICT <i>M-1</i>	1. NAME—FIRST, MIDDLE, LAST Alethia Faye YOCKEY			2. SEX Female	3. DEATH DATE (Mo., Day, Yr.) May 22, 1990		146		STATE FILE NUMBER		
2 COPIES 3	4. AGE LAST BIRTH- DAY (Yrs) 38	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.) September 19, 1951	8. BIRTH STATE (if not in USA give country) Washington	9. CITIZEN OF WHAT COUNTRY? USA	10. COUNTY OF DEATH Clark				
3 HOSPITAL	11. CITY, TOWN OR LOCATION OF DEATH Vancouver			12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM./OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE Rose Vista Nursing Home			13. SMOKING IN LAST 15 YEARS? (Yes/No) yes				
4 OCCURRENCE	14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (If wife, give maiden name)		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no		17. SOCIAL SECURITY NO. 539-54-0335		18. HIGH SCHOOL GRADUATE? (Yes/No) yes		
5 RESIDENCE	19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) unk			20. KIND OF BUSINESS OR INDUSTRY unk		21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc (Specify)) white			
6 TRACT	23. RESIDENCE - NUMBER AND STREET 2914 Columbia Heights Rd.			24. CITY/TOWN, OR LOCATION Longview		25. INSIDE CITY LIMITS? (Yes/No) no		26. COUNTY Cowlitz		27. STATE Washington	
7 OCCUPATION	29. FATHER'S NAME—FIRST, MIDDLE, LAST Charles Yockey			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Margaret George							
8	31. INFORMANT—NAME Margaret Yockey			32. MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 2914 Columbia Heights Rd. Longview Washington 98632							
9	33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34. DATE (Mo., Day, Yr.) May 25, 1990		35. CEMETERY/CREMATORY—NAME Green Hills Memorial Gardens		36. LOCATION—CITY/TOWN, STATE Kelso, Washington				
10	37. FUNERAL DIRECTOR SIGNATURE <i>Alethia Faye Yockey</i>		38. NAME OF FACILITY McVicker's Chapel		39. ADDRESS OF FACILITY 304 Cowlitz Way		40. CITY/TOWN, STATE Kelso, Washington 98626				
11	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
12	40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X G.D. Barth MD					41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X					
13	42. DATE SIGNED (Mo., Day, Yr.) 5-25-90			43. HOUR OF DEATH (24 Hrs.) 1640		44. DATE SIGNED (Mo., Day, Yr.)			45. HOUR OF DEATH (24 Hrs.)		
14	46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					47. PRONOUNCED DEAD (Mo., Day, Yr.)			48. HOUR PRONOUNCED DEAD (24 Hrs.)		
15	49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) G.D. Barth MD 506 California Court Vancouver, WA 98611										
16	50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.										
17	IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in- jury which initiated events resulting in death) LAST			(A) Aspiration pneumonitis				INTERVAL BETWEEN ONSET AND DEATH 2 days			
(B) Chronic dysphagia				INTERVAL BETWEEN ONSET AND DEATH 71 year							
(C) Huntingtons disease				INTERVAL BETWEEN ONSET AND DEATH years							
19	51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52. AUTOPSY? (Yes/No) no		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR COR- ONER? (Yes/No) no		
20	54. ACC. SUICIDE, HO., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED				
21 ACC LOC	58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)			60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE					
22 QUINIES	61. REGISTRAR SIGNATURE X Karen Stenjaert, MD						62. DATE RECEIVED (Mo., Day, Yr.) JUN 1 1990				